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FAX TRANSMISSION

DATE: September 2, 2009**PTO IDENTIFIER:** Application Number 10/821,805-Conf. #9064
Patent Number**Inventor:** Henrik Stender**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Jonathan M. Sparks, Ph.D.**PHONE:** (617) 517-5543**Attorney Dkt. #:** 58418CIP(48497)**PAGES (Including Cover Sheet):** 17**CONTENTS:** Certificate of Transmission (1 page)
Fee Transmittal (1 page)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Request for Continued Examination Transmittal (1 page)
Response and Request for Continued Examination (12 pages)
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EDWARDS ANGELL PALMER & DODGE LLP
P.O. Box 55874, Boston, Massachusetts 02205
Telephone: (617) 239-0100 **Facsimile:** (617) 227-4420

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PTO/SB/97 (09-04)

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Application No. (if known): 10/821,805

Attorney Docket No.: 58418CIP(48497)

Certificate of Transmission under 37 CFR 1.8

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on September 2, 2009
Date


SignatureJonathan M. Sparks, Ph.D.

Typed or printed name of person signing Certificate

53,624
Registration Number, if applicable

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Fee Transmittal (1 page)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

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Response and Request for Continued Examination (12 pages)

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PTO/SB/17 (10-08)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/821,805-Conf. #9064
		Filing Date	April 8, 2004
		First Named Inventor	Henrik Stender
		Examiner Name	D. B. Johannsen
		Art Unit	1634
TOTAL AMOUNT OF PAYMENT	(\$) 470.00	Attorney Docket No.	58418CIP(48497)

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:		04-1105
Deposit Account Name: Edwards Angell Palmer & Dodge LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

		<u>Small Entity</u>
<u>Fee (\$)</u>	<u>Fee (\$)</u>	
52	26	
220	110	
390	195	

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
- 20 or HP	x	=		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	<u>Fees Paid (\$)</u>

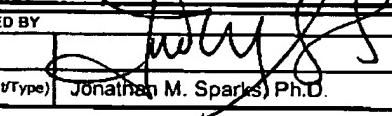
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month
2801 Request for continued examination (RCE) (see 37 ...)

65.00

405.00

SUBMITTED BY	
Signature	
Name (Print/Type)	Jonathan M. Sparks, Ph.D.
Registration No. (Attorney/Agent)	53,624
Telephone	(617) 517-5543
Date	September 2, 2009

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